(In the presence of the jury)

MR JOHNSON: Is there anything that you said this morning that you would like to revise or amend?

A. No.

Q. There's one thing that I overlooked, which I'd like to deal with. Would you go to the defence statement that I gave you yesterday, please?
Could you go to page 6? Paragraph 39.
Would you read it out to the jury, please?

A. "There was some blotchiness on [Baby A]'s body but no one discussed it with me and I don't remember it being mentioned amongst the nurses."

Q. Why didn't you put mottling?

A. I think they're interchangeable.

Q. We move on to [Baby B], please. Before you were interviewed for the first time on 4 July 2018, did you have any memory, independent memory, of [Baby B]?

A. Very little.

Q. Is it your case that staffing levels contributed to [Baby B]'s collapse?

A. No, I don't know what caused her collapse.

Q. Is it your case that medical competence contributed?

A. Again, I don't know why she collapsed.

Q. Have you identified any mistakes that were made with her treatment?

A. No.

Q. Do you remember the devastation that [Baby A]'s death caused his family?

A. Yes.

Q. Do you remember [Baby B]'s and [Baby A]'s dad literally being prostrate on the floor following [Baby A]'s death?

A. What does that mean, sorry?

Q. On the floor, lying on the floor.

A. I don't recall anyone lying on the floor, no.

Q. Well, can we go to [Baby B]'s sequence of events, please, to tile 132.
This is your message. Would you read it out, please?

A. "Oh don't feel like that, I'm sorry you had to end your shift like that. I've said to [Nurse A] that I can't look after [Baby B] because I just don't know how I'm going to feel seeing parents. Dad was on the floor crying, saying, please don't take our baby away, when I took him to the mortuary. It's just heartbreaking. Glad the photos are nice."

Q. You don't remember that?

A. No.

Q. Were you keen to give your colleagues the impression that you didn't want to take the responsibility for [Baby B]?

A. It wasn't that I didn't take responsibility, it was just that I felt she'd be better looked after by somebody else.

Q. But didn't you feel that getting back into nursery 1 was the best thing to do, to get back on the horse like they do in Liverpool?

A. Yes, but not with a baby and a family that we've dealt with before that have just lost their child.

Q. But you did migrate back to nursery 1, didn't you, despite that?

A. We cover all of the nurseries.

Q. Yes. Would you answer the question, please? You did migrate back to nursery 1?

A. At which point?

Q. Did you or didn't you?

A. I will have been in nursery 1 at some point, yes.

Q. We'll get to the point.
Do you accept that [Baby B] did well on the day shift of 9 June, the day after her brother had died?

A. I have no memory. I was not allocated for [Baby B], so I don't recall the handover.

Q. Right. Well, can we look at the interviews, please. The 12th page of the [Baby B] interviews. What is your second answer on that page, please?

A. "There hadn't been any undue concerns expressed."

Q. Yes, and that's about the clinical position of [Baby B], isn't it?

A. Yes.

Q. So do you accept that [Baby B] did well on the day shift of 9 June?

A. Yes.

Q. We received evidence that she was off CPAP that day, having skin-to-skin; do you remember that?

A. Yes.

Q. If anybody wants to make a note, that's tiles 76 and 78. That she was rooting for milk, we were told by Joanne Williams; do you remember that?

A. No, but I accept that.

Q. Let's look. Tile 84. I'm not suggesting it's a memory test. This is Joanne Williams' note. Just scroll down, please. Can you see on about the sixth line or so?

A. Yes:

"Rooting, looking for feeds."

Q. Yes. That is a positive picture, isn't it?

A. Yes.

Q. So the signs were good; do you accept that?

A. Yes, on looking at the notes, yes.

Q. Do you recall the evidence from [Baby B]'s family that in effect they stood guard over her following the death of [Baby A]?

A. I know that they were very much present on the unit, yes, and allowances were made for that, yes.

Q. But they left, according to the agreed evidence, shortly after 8 pm; do you remember that?

A. I don't remember, but I accept if that's agreed, yes.

Q. Yes. It was evidence that was read to the jury by agreement.

A. Okay.

Q. I'd like to go to the staff presence at tile 145, please, with Mr Murphy's assistance.
There we see the population distribution and the corresponding responsible nursing staff, don't we?

A. Yes

Q. We can see that in nursery 4, Lisa Walker was working?

A. Yes.

Q. And she was working the day before, wasn't she?

A. I don't recall that myself.

Q. Okay. It's a matter of record.

A. Okay.

Q. Your friend, [Nurse A], was working?

A. Yes.

Q. So she is the second commonality in terms of the staff. Your friend, Mary Griffith, was working as well, wasn't she?

A. Yes.

Q. And she was your friend, wasn't she?

A. Yes.

Q. And she too had been working when [Baby A] had died the night before?

A. No. Mary Griffith wasn't there with [Baby A].

Q. Wasn't she?

A. No.

Q. All right. It may be my mistake. I'll check that and either apologise or make sure that we get it right. Kathryn Percival-Ward was the shift leader?

A. Yes.

Q. She had a single child in nursery 4?

A. Yes.

Q. Did you get on with her?

A. Yes.

Q. Does she bear you a grudge?

A. No, I got on well with all of the nursing colleagues.

Q. She hadn't been working the previous night though, had she?

A. No.

Q. Do you remember the evidence that she gave to the jury on 21 March this year, in the case of [Baby P], when she told the jury that you had said to her that working in nurseries 3 and 4 was boring?

A. Yes, I remember that.

Q. And that you would, to use her word, migrate back to nursery 1 when things happened?

A. Yes.

Q. And that is true, isn't it, you did migrate back to nursery 1?

A. Yes, in response to things that were happening, which any other member of staff would be expected to do as well.

Q. Well, we will see.

You had two children in nursery 3; is that right?

A. Yes.

Q. And you didn't like being there, did you?

A. That's not accurate at all, no.

Q. You were bored?

A. No, I've never been bored at work, I've never described my work as boring.

Q.Let's just deal with what you were doing at the beginning of the shift, if we may, from the neonatal review.

We see in lines 1, 3, 6, 9 and 10 that you were dealing with HM and child EB.

A. Yes.

Q. They're both your children, in effect?

A. Yes.

Q. You're the designated nurse. That continues down towards the bottom of the page at 22.00 hours at lines 25, 26, 27 and 30. Are we agreed so far?

A. Yes.

Q. Over the page, on page 2, we have four lines, 38 to 42, where you're dealing with HM at or about 23.00 hours?

A. Yes.

Q. Then there's the nasal prongs incident, if I can call it that, at line 47 at midnight.

A. Yes.

Q. Then over the page, line 70, we have the event for [Baby B] when the prosecution say she collapsed.

A. Yes.

Q. I suggested to you a moment ago that you were bored and you did not accept that. So if we go now, please, to the sequence, Mr Murphy, I'd be very grateful, starting with tile 151.
That's you texting Yvonne Griffiths, isn't it?

A. Yes.

Q. And this shows, doesn't it, as a matter of fact, that as I suggested to you earlier, the parents of [Baby A] and [Baby B] were still on the unit at this time?

A. Yes.

Q. At tile 165, please, it shows that between 20.41 and 21.00 hours you were texting your friend, Minna Lappalainen.

A. Yes.

Q. And as we've just seen, that's just after you had been dealing with EB and HM in nursery 3?

A. Okay.

Q. And this is why I'm suggesting you're bored because you're engaging in chit-chat with your friend.

A. No, that's common practice, we all used to do that on the unit. That's not unique to me.

Q. Tile 169. More messages to and from Minna in a ten-minute period between 21.00 and 21.10.

A. Yes.

Q. Then Jennifer Jones-Key in the next tile:
"Manic. Hope you're okay."
And you respond immediately:
"Manic?"
And then you at 172:
"Mel took it hard, we spoke earlier. Thank you, we're a good team. Say hi back."
And those messages continued with both [Nurse E] and Jennifer Jones-Key, and indeed Yvonne Griffiths, through the tiles up to and including tile 181 at 21.32.
You are bored?

A. No, all members of staff use their phone on that unit. And this is me replying to our ward manager, who has text me whilst I'm on shift. It was accepted that we used our phones on the unit.

Q. We can take it then that staffing levels weren't an issue on this shift; is that right?

A. I can't comment for the whole of the shift. Obviously at this point my babies have been cared for.

Q. What do you mean, you can't comment for the whole of the shift?

A. I'm not responsible for the other babies so I can't say what care needs they are having and receiving at this time.

Q. Well, are you suggesting that there was some deficiency in staffing levels?

A. Not at this moment. I can't see what was going on with the other babies.

Q. Let's continue with your messages, please. If we could go to 186 next, please. You asking Jennifer Jones-Key whether Yvonne Griffiths was in; is that right?

A. Yes.

Q. 187, she replies. 188, her clarification. 189, your reply. 190, her reply. 194, another one from you. 195, 196, 197. A block of social messages for 27 minutes between 22.01 and 22.28.

A. Yes.

Q. Can we go back to the neonatal review chart, please? Page 2.
In the middle of that block of messages, line 30, you signing for a prescription for HM.

A. Yes.

Q. You didn't use your phone in clinical areas?

A. No, I didn't use my phone in the nurseries, no, that's right.

Q. At tile 202.

A further block of social messaging between you and someone called Charlotte James. Who is Charlotte James?

A. I lived with Charlotte James in the staff accommodation at Ash House.

Q. So is she another nurse or employee of the hospital?

A. Yes.

Q. Were you bored?

A. No.

Q. As a matter of fact, do you spend a lot of time texting when you're in either nursery 3 or nursery 4?

A. I text regardless of where I am on shift. It's a common --

Q. So even if you've got an ITU baby?

A. At times when they're not needing care, yes, and I think everybody would say the same thing if they were honest.

Q. If we go back to the neonatal review and just pick up where I left off, please, at page 3 of 7. We see that at 23.02 and 23.03, that block of five entries in respect of which there's probably a degree of similarity in the sense that the prescription and the update is the same event, isn't it?

A. Yes.

Q. So there's double counting, if you like. We see that's what you were doing with your friend, [Nurse A], at that time; is that right?

A. Yes, I was on the computer at this time, yes.

Q. We know from the evidence, and it's tile 47, that [Baby B] desaturated at about midnight; is that right?

A. Yes.

Q. And if Mr Murphy wouldn't mind, by going back to the sequence of events to tile 209, we have that event represented by that tile; is that right?

A. Yes.

Q. Immediately afterwards in a succeeding tile, 210, we see [Nurse A]'s notes relating to it.

A. Yes.

Q. That's when you migrated back into nursery 1, wasn't it?

A. I was working in nursery 1 at points, yes, with medications.

Q. After this time you were in nursery 1, I'm going to suggest.

A. Yes.

Q. But if we go back to the neonatal review, page 3 of 7, lines 62 and 63, we see you involved, first of all, with [Baby B] immediately after her desaturation.

A. Yes.

Q. Line 62. What was going on at that point?

A. So from this here, Babiven and lipid was being given.

Q. Yes. This was a new bag, wasn't it?

A. I can't say from looking at this on its own.

Q. Okay.

A. It may have been a continuing 48-hour bag, I can't say from this.

Q. Let's go, having said we wouldn't do this, back to the sequence of events then, please, Mr Murphy. Tile 213. You tell us whether it was a new bag.

This is a prescription for lipid; is that right?

A. No, this is the TPN and lipid together.

Q. Yes, right, thank you. Whose signature appears on it?

A. Myself.

Q. Who else's?

A. No one's.

Q. Shouldn't there be another one on there?

A. Yes. This isn't the form that we both sign, there's an additional form.

Q. But that's not the question. Shouldn't someone else's signature be on this document?

A. Um... Potentially on this document, but as long as it's on the other sheet that would be acceptable.

Q. Potentially. Should another person's signature be on this documents?

A. Yes, ideally, yes.

Q. Thank you. Here's the other document. What do we see here on day 3, 9/6/15?

A. It's got myself and [Nurse A] starting a new bag of TPN and lipid at 00.05.

Q. So you have migrated back to nursery 1?

A. All medications have to be checked by two nurses so inevitably it would have to be another member of staff that was assisting [Nurse A].

Q. All right. Let's go to the next tile then, please. Let's concentrate on what's going on at midnight. 24.10 is the way it appears there; is that right?

A. I can't see that clearly.

Q. We'll make it bigger. 24.10? About the time the Babiven bag goes up?

A. Potentially. That's not my writing, but it looks either 00 or 10, yes.

Q. Okay. Then if we scroll down, whose writing is that number there?

A. I can't say.

Q. Whose writing appears in the next column?

A. Myself. It looks similar, yes.

Q. 45 is you, isn't it?

A. The what, sorry?

Q. The 45 in the 24.10 column?

A. Oh, potentially, yes.

Q. "Potentially, yes", does that mean yes?

A. I can't be definitive because it's not my writing at the top.

Q. You had migrated back into nursery 1, hadn't you?

A. That's an expected course: whoever's working in nursery 1 is going to need assistance from another nurse.

Q. What, to do the observations?

A. I'm not saying that I've done the observations, but potentially, yes, if [Nurse A] was busy doing something else then we would support each other, yes.

Q. Let's look at the blood gas a few minutes later at tile 215, 00.16. Whose writing is that?

A. That's mine.

Q. You had migrated back into nursery 1, hadn't you?

A. A blood gas needs two nurses, so yes, two nurses would need to be there and, yes, I was there.

Q. Well, you say that, but as a matter of fact, as we have gone through all the blood gas documents in this case, it's almost always the designated nurse that makes the entry in the chart, isn't it?

A. No, I don't agree with that.

Q. You don't agree?

A. No.

Q. Well, I'm not going to go through all of them now, you'll be glad to know.
Now, when you were being asked questions about this a while ago now, you said that [Nurse A] had remained with [Baby B] at this stage; do you remember that?

A. Yes, she was in the nursery with her, yes.

Q. No, you said she actually was with her. Do you remember saying that?

A. No.

Q. You don't remember that?

A. No. Was that a police interview?

Q. No, no, that's when Mr Myers was asking you questions.

A. I know [Nurse A] was with her, she realigned the prongs, and then we put the TPN bag up, so yes, she was with her and she carried out the blood gas.

Q. Do you remember [Nurse A] telling the jury that in fact she was diverted by preparing medication for another child in nursery 1?

A. Yes, we were both preparing that medication.

Q. And that's why you were doing the observations on [Baby B], isn't it, because she was actually doing --

A. I can't say that. I was checking medication with [Nurse A].

Q. She was the sterile nurse.

A. Yes.

Q. She was doing the medication and you were doing the other jobs.

A. No, I would have to be by her side, watching everything that she was doing. That is the role of the second checker.

Q. So how did you do the blood gas at 00.16?

A. I have not. I've run that through the machine for [Nurse A].

Q. But you've got to be with her while she's preparing the medication for the other child. How can you go to the blood gas room and be with her?

A. What time is the medication for the other child.

Q. She told us that that's what -- when she gave evidence that is what she was doing at this time. She also said she was the other side of that little wall in the nursery.

A. Yes, we were both there preparing medication, yes.

Q. So you do remember?

A. I remember us both being in the nursery, yes.

Q. No, you remember being the other side of that little wall from [Baby B], do you?

A. No, I remember us preparing medication that is where the medication is prescribed and drawn up.

Q. Do you remember telling the jury that it was [Nurse A] that had alerted you to [Baby B]'s collapse?

A. Yes, I'm unsure which way round it was.

Q. Which way round what was?

A. I'm unsure whether I spotted it first or whether [Nurse A] alerted me.

Q. Right. That's why you told the jury that she alerted you because you weren't sure which way round it was?

A. My memory is she alerted me, but I can't say for definite now. That was my memory at the time.

Q. So she's wrong about that?

A. Potentially, yes.

Q. Well, everything is "potentially yeah", but are you saying she's wrong?

A. I can't sit here now and definitively say which way, no.

Q. You injected [Baby B] with air, didn't you?

A. No, I didn't.

Q. Do you remember on Friday, 5 May, you were asked by your counsel about what happened to [Baby B] at this point?

A. Yes.

Q. I'll remind you of what you said and ask you whether you want to change any of it. The question you were asked was:

"Question: Do you recall how [Baby B] was? When you say her colour had changed, could you describe that?

"Answer: She had become quite mottled and dark."

A. Yes.

Q. Is that accurate?

A. Yes.

Q. You were then asked:

"Question: All over her body or on particular parts of her body?

"Answer: All over from memory."

A. Yes.

Q. You were then asked:

"Question: Can you describe that colour again?

"Answer: It was a dark, mottling colour."

A. Yes.

Q. "And you saw that", you were asked, and you said yes.

A. Yes.

Q. You were then asked the question:

"Had you seen anything like that colouring before?"

A. Yes.

Q. Do you remember what your answer was?

A. No.

Q. "What do you mean?"

You were asked the question again:

"Had you seen that type of colouring on any baby before this point?"

And your answer, do you remember?

A. No.

Q. "Yes, it was like general mottling that we do see on babies."

A. Yes, and I agree with that.

Q. I know you do. Then you were asked the question:

"Question: Right. Was it unusual or was it not unusual in your opinion?

"Answer: It was not unusual, but obviously we were concerned for [Baby B] because of [Baby A]'s decline the night before."

A. Yes.

Q. And so the essence -- I am going to suggest to you that the essence of what you were saying to the court on Friday, 5 May was that [Baby B] had what I will describe as common or garden mottling.

A. I would say her mottling was more pronounced maybe than general, but yes, it was mottling.

Q. Have you always said that?

A. I don't recall.

Q. You don't recall? Why would you say anything different?

A. That's how I remember it now, yes.

(POLICE INTERVIEW)

Q. Okay. If we go to your interview, please, so back to file number 1. It's the first of the [Baby B] interviews, pages 7 to 8.

Right at the bottom of the page,please, you're asked a question about five or six lines up saying:

"Question: Okay, and that mottling, as you've described it, is it something you witnessed in [Baby B] yourself?

"Answer: Yes.

"Question: You did? When was that?

"Answer: I don't recall at what point.

"Question: Right. And the circumstances around you seeing the mottling? Who was with you at the time?

"Answer: I think it was [Nurse A].

"Question: Can you describe that mottling? Is it similar to that with [Baby A], different?

"Answer: I think she was more mottled as opposed to -- [Baby A] was paler. [Baby A] was more pale centrally, mottled peripherally, and I think from what I recall [Baby B] was more mottled and that extended over more of her body rather than just her limbs.

"Question: So was it a different colour?

"Answer: From what I remember, it was darker, just darker than [Baby A]. So [Baby A] was pale whereas [Baby B] was more mottled, which is a sort of purply-red."

A. Yes.

Q. Is that true?

A. Yes.

Q. Right, okay. "Rash appearance" is the phrase you then use, "rash appearance". This isn't mottling, this isn't common or garden mottling you're describing, is it?

A. Yes. It's more pronounced mottling, it's darker mottling, but it is mottling.

Q. Why did you use the word "rash appearance"?

A. I can't recall now.

Q. What does it mean to you now? These are your words. What do they mean?

A. I don't know, I would take "rash appearance" to mean that it was all over the body.

Q. The next question:

"Any particular shapes to that?"

And your answer, please?

A. "Well, usually mottling is sort of a patchy round appearance."

Q. Yes. Are you saying this was normal?

A. No, mottling is not normal, but it is something that we see.

Q. Okay. In the normal parameters of mottling, are you saying this was normal?

A. No, it was more pronounced than just general mottling.

Q. If it was -- do you think it was remarkable?

A. I can't recall specifically. I know once we saw it, it came very quickly, and in view of [Baby A]'s deterioration, everybody acted very quickly.

Q. You say:

"Once we saw it, it came very quickly."

Were you with [Baby B] before it appeared?

A. No.

Q. Why did you say:

"Once we saw it, it came very quickly"?

A. That's just -- I've re-phrased that wrong, sorry.

Q. That's all right. Well, it's all right. You just say what you mean. If this was all fairly normal, why did the doctor ask you to go and get a camera?

A. In view of what had happened with [Baby A] the day before, we did not want to take any chances and wanted to document everything that was happening.

Q. Let's look at what other people said about this and see whether you agree or disagree with them. Okay?

I'm going to start on this occasion with [Mother of A and B]:

"It was a very similar situation to [Baby A]: [Baby B]'s heart and oxygen saturation levels had fallen rapidly. The female consultant went on to describe seeing blotches/mottling across her skin, hand and feet. She asked our permission to take pictures of the mottling and she, that is the consultant, stated she had never seen this before."

This is [Dr B], one of the Gang of Four.

"I remember being surprised that this was something she had never witnessed before. I imagined a consultant of neonatal care would have seen everything. By the time the staff had organised a camera it had disappeared."

Do you accept what [Mother of Babies A and B] says?

A. I accept that there was mottling, yes.

Q. Do you accept that [Dr B] was saying at the time,

"I have never seen anything like this before"?

A. I can't recall that conversation, no.

Q. But you have agreed the evidence.

A. Sorry, I don't understand.

Q. [Mother of Babies A and B] didn't give evidence because what she says in her witness statement is agreed.

A. Yes.

Q. So it is agreed that [Dr B] said, "I have never witnessed this before".

A. Yes, but it was not said to me.

Q. No. You agree it was said?

A. Yes.

Q. And do you remember it being said?

A. No.

Q. Why are you prepared to agree this then when you're not prepared to agree other witnesses' accounts where they don't accord with - simply on the basis that you didn't see what they say they saw?

A. Can you rephrase that, please?

Q. Yes, it wasn't very well put, I'm sorry.

When I was asking about [Baby A], you would not accept the descriptions given by some of the witnesses because you say that was not what you saw.

A. Yes.

Q. Here we have something that you say you did not hear that you are prepared to accept; is there a reason for that?

A. I'm relying on that person being accurate. I wasn't there for that conversation so I can't say whether that was said or not.

Q. Did you go and get the camera?

A. Yes.

Q. Were you keen to get a picture of what it was that was so unusual?

A. No, I was asked to go and get the camera, which I did immediately, that was what the doctors requested, and by the time I came back her skin was normalised.

Q. Do you accept that this was mottling that is not normal mottling?

A. It was more pronounced mottling, yes, and in view of what had happened with [Baby A] all of the staff were very keen to act quickly on any change with her in case it was anything that was related to [Baby A].

Q. Do you remember Dr Lambie?

A. Yes.

Q. She made a note, that's at tile 243 if anybody wants to keep a note, but I'll remind you of what she actually said in evidence:
"I do remember she was being resuscitated when I arrived. She was a very dusky, pale grey colour."

Is that accurate?

A. I can't say at that point. I don't know if I was there at that point.

Q. "As we were helping her, she then - she was then developing widespread blotches."
Do you accept that is accurate?

A. Not from my memory, no. It was mottling.

Q. This wasn't disputed in cross-examination. You understand that? This wasn't challenged.

A. Yes, but I wasn't there at that point, potentially I was getting the camera.

Q. Well, do you accept it?

A. If that's what she says she saw, then yes.

Q. Okay. I accidentally didn't read the full sentence there, so I'll read the full sentence:
"As we were helping her, she was then developing -- widespread blotches is probably the best way of describing it, patches of a purply/red colour."
Do you accept that?

A. I don't recall ever seeing that, but I accept if that's her - if that's what she thinks she saw, then yes.

Q. "They would flush up, last about a few seconds, 10 seconds, and then disappear and then appear elsewhere."
Do you accept that?

A. No. I did not see anything like that and no conversation was ever had about that.

Q. Therefore, do you say that that is untrue?

A. I can't comment for them, but it's not something that I saw or was aware of, no. I just recall seeing mottling.

MR JUSTICE GOSS: The sort of purply-red mottling?

A. Yes, that's mottling, yes. And I then went to get the camera.

MR JOHNSON: Do you remember, when being asked questions on your behalf, Dr Lambie said that she had never seen anything like this before?

A. Yes.

Q. Your friend, [Nurse A], she said that what she saw was the same as [Baby A].

A. I don't agree with that.

Q. What [Nurse A] said is:

"She suddenly looked very ill, she looked very like her brother had done the night before with the pale white, with this purple blotchy discolouration."

And she indicated over her chest:

"I just remember thinking, no, not again. I've never seen anything like that before and then to see his sister with the same appearance."

Remember that?

A. Yes.

Q. That's the truth, isn't it, Lucy Letby?

A. No, I do not agree with that. That is not what I saw.

Q. Finally we had [Dr B] saying:

"I have seen that there's a purple blotchiness to the right side, mid-abdomen..."

It's a bit like what you're describing with [Baby A], isn't it, one side of discolouration?

A. It was paleness.

Q. But on one side?

A. Yes.

Q. She said:

"... and right hand and the baby is pink and active."

Remember [Nurse A], of course, was considerably senior to you, wasn't she?

A. Yes.

Q. You'd been looking after the sickest babies for 2 months.

A. I don't understand, sorry.

Q. You'd been QIS trained for a couple of months, 2 months?

A. Yes.

Q. Three months maybe, I don't know.

A. Yes.

Q. She had a couple of decades of experience looking after the sickest babies?

A. Yes.

Q. And yet, all of a sudden, once [Baby B] had had this episode, in effect you elbowed out [Nurse A] and took over the care of [Baby B], didn't you?

A. No, I did not take over the care of [Baby B].

Q. We've already seen the observations at 1 o'clock. You carried those out, didn't you?

A. Yes. [Nurse A] was supporting the parents at that point. It's not unusual for nursing staff to assist each other with obs or fluids or medications. That's not her handing the care over to me.

Q. Let's look at tile 226, please. In the bottom left, at 01.00 hours, that's your writing, isn't it, and your initials at the bottom?

A. Yes.

Q. "Intubated..."
It says 23.36, I think that's a mistake, isn't it, on the times?

A. Yes.

Q. It was actually 01 or 00.36?

A. Yes.

Q. 232, please. A blood gas record at 00.51. Your writing again?

A. Yes.

Q. As it had been at 00.16?

A. Yes.

Q. 238, please. 01.00 hours. Is that you making the entries at 01.00 hours?

A. Yes.

Q. 241, 01.10. You and Mary Griffith signing for morphine for [Baby B]?

A. Yes.

Q. 250 to 251. You and [Nurse A] co-signing for medications at 02.07?

A. Yes.

Q. 253 to 256, more medications at 02.25?

A. Yes.

Q. Were you suggesting to any of your colleagues that perhaps antiphospholipid syndrome was an explanation for the death of [Baby A] and the collapse of [Baby B]?

A. No, because I wasn't aware that - I didn't have any details about what antiphospholipid syndrome was. I'd never heard of it before.

Q. Let's just go back to the [Baby A] sequence if we can, please, Mr Murphy. Sorry to jump around. Can we have tile 337, please?
Querying a clotting problem. That's what antiphospholipid syndrome is, isn't it?

A. Yes, I know that now, yes.

Q. You knew that then because you were sending the text.

A. No, that was the discussion, they were querying a clotting problem. I don't think the word antiphospholipid syndrome was used at that point.

(POLICE INTERVIEW)

Q. Can we go to - I'll just check something. Back to the interview, please, at [document redacted], a reference I missed out earlier. Almost exactly halfway down the page, what did you say in answer to the question:

"... or any observations that you had with [Baby B] that caused you concern at all on that shift?"

A. "I do remember that she had some mottling that looked a little bit similar to [Baby A]'s appearance the day before."

Q. You told the jury that all you saw on [Baby A] was whiteness.

A. Yes.

Q. So how did her mottling look similar to what [Baby A] (overspeaking) --

A. I have then gone on to describe it in more detail.

Q. Yes, but it's not the description --

A. (Overspeaking) they were different.

Q. It's not the description I'm interested in, I'm interested in why you were linking or drawing a similarity between what you had seen on [Baby A] and what you had seen on [Baby B].

A. I can't say now. I don't know.

Q. Well, I'll offer you a reason: because they were the same.

A. No, I don't agree with that.

Q. Like your friend, [Nurse A], said:

"Oh no, not again."

A. She was referring to a sick baby, she didn't want something happening again. She wasn't referring to the rash.

Q. No, no, she was referring to the rash, Lucy Letby.

A. Okay.

Q. That's precisely what she was referring to.

A. Okay. I don't agree with that.

Q. I know you don't agree. But you're also not going to be able to rewrite what she said, are you?

A. No.

Q. No. Do you accept that all the people who saw the skin discolouration say that they hadn't seen this sort of thing before?

A. I have to accept what they say, yes.

Q. Do you accept that Professor Kinsey has excluded a blood disorder as a cause for what was seen?

A. Yes.

Q. Do you accept that Dr Arthurs saw the bubbles in [Baby A]'s case?

A. Yes.

Q. And that Dr Marnerides found them in the histology also in [Baby A]'s case?

A. Yes.

Q. Do you accept that air was put into the IV lines of both children?

A. No.

Q. Or either of them?

A. No.

Q. Do you accept that you had the opportunity to have access to the IV lines of both children, just before they collapsed?

A. Yes, but I didn't access the lines.